

AIR NATIONAL GUARD OFFICER PROFESSIONAL MILITARY EDUCATION APPLICATION

The proponent agency is ANG/DPDL. The prescribing directive is ANGI 36-2301.

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 10 U.S.C. 504, 505, 508, 510; 10 U.S.C. 12102, 12103, 12104, 12107; 5 U.S.C. 301, 302, 303, 304, 313; E.O. 9397; AFPD 36-20; ANGI 36-2301; ANGI 36-2101 and the Annual DoD Appropriation Act.
2. **PURPOSE:** Information furnished will be used during the screening process to determine eligibility and qualification factors for Officer Professional Military Education. It will be maintained with the member's military application.
3. **ROUTINE USES:** None.
4. **DISCLOSURE:** Voluntary. However, failure to provide complete information may cause delays in processing application.

APPLICANT INFORMATION

NAME:		SSN:	RANK:	DATE OF RANK:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE:	DOB:	DATE OF COMMISSIONING:	
HOME ADDRESS:			TELEPHONE NUMBERS (Include Area Code)	
			HOME:	
			WORK:	
			E-MAIL:	
WING ADDRESS:			WING TELEPHONE NUMBERS (Include Area Code)	
			COMM:	
			DSN:	
			FAX (DSN):	
TOTAL YEARS SERVICE DATE:	TFCSD:	YEARS:	TFCS WAIVER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
MANDATORY SEPARATION DATE	RATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	STATUS: <input type="checkbox"/> Traditional <input type="checkbox"/> AGR <input type="checkbox"/> Air Tech <input type="checkbox"/> Stat Tour		
HIGHEST EDUCATION DEGREE HELD:				
CONCENTRATION:				
PME COMPLETED				
LEVEL:	METHOD:		YEAR COMPLETED:	
_____ SOS	<input type="checkbox"/> COR <input type="checkbox"/> RES		_____	
_____ ISS	<input type="checkbox"/> COR <input type="checkbox"/> SEM <input type="checkbox"/> RES		_____	
_____ SSS	<input type="checkbox"/> COR <input type="checkbox"/> SEM <input type="checkbox"/> RES		_____	
SCHOOL PREFERENCES: (For SOS, Specify Class ID Number)				

TO BE COMPLETED BY WING COMMANDER / DIRECTOR			
MEMBER MEETS BODY FAT STANDARDS: <input type="checkbox"/> YES <input type="checkbox"/> NO			
FOLLOW UP ASSIGNMENT AFTER GRADUATION (Plus One) :			
NAME AND GRADE (Wing Commander / Director):		SIGNATURE:	DATE:
MILITARY HUMAN RESOURCES REVIEW (STAT TOUR OFFICERS ONLY)			
CURRENT POSITION NUMBER:	AUTHORIZATION GRADE:	PAFSC:	OFFICE SYMBOL:
DUTY TITLE:			
FOLLOW UP ASSIGNMENT AFTER GRADUATION:			
RETURN TO STATE CONTROL: <input type="checkbox"/> YES <input type="checkbox"/> NO		RETAIN ON STAT TOUR: <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS:			
NAME AND GRADE:		SIGNATURE:	DATE:
APPLICATION PACKAGE ITEMS 1. Application Form, NGB 1210 2. Letter of Intent 3. Endorsements through Chain of Command (Including TAG) 4. Report of Individual Personnel (RIP) 5. Letters of Recommendation (Optional) (SOS Refer to Message) 6. Resume (SOS refer to message) 7. Two Photographs (SOS Refer to Message) 8. Last Three OPR's (SOS Refer to Message)			